



BUSINESS LICENSE APPLICATION

City of Imperial
Administrative Services Department
420 South Imperial Avenue
Imperial, CA 92251
Phone (760)355-1064 / Fax (760) 355-4718

INSTRUCTIONS

1. If you are applying for a Business License, please complete the attached Business License application.
2. All businesses must show proof of Workman's Compensation Insurance. Please attach a copy of your latest policy to this form. If you do not have any employees, please complete the Certificate of Exemption Form, also attached.
3. Businesses may also be obligated to submit proof of liability insurance.
4. Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office. For general information, please call the Board of Equalization at (800) 400-7115. You may also contact the local office of the Board of Equalization at (760) 352-3431.
5. All business must obtain fire inspection clearance from the Imperial County Fire Department. Applications will be accepted by the City of Imperial without fire clearance. The Imperial County Fire Department can be reached at (760) 355-1191, between 8:00 a.m. to 5:00 p.m. Monday through Friday.
6. Please note all businesses operating out of a residence are subject to a one-time home occupancy fee of \$50.00, payable upon initial receipt of a business license.
7. Required. It shall be unlawful for any person to commence, conduct or carry on, within the City of Imperial, any business, occupation, show, exhibition or game, without first procuring a license to do so.



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CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

I certify that in the performance of work for which this license is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

NOTE: If after signing the certificate, you hire any employee; you become subject to the Worker's Compensation provisions of the California Labor Code, and you must IMMEDIATELY comply with the provisions of Section 3700 or your license IMMEDIATELY becomes revoked.

Applicant

Date



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Business Information

Business Name:

Location of Business regulated by this license:

Mailing Address:

Business Phone No:

Fax Phone No:

Contractor's License No:

State Board Resale No:

Explanation of purposed business activity:

Single Ownership

Partnership

Corporation

Owner Information

Owner's Name:

Date of Birth :

Social Security Number:

Drive's License No:

Address:

City:

State:

Zip Code:

Partner's Information (If applicable)

Owner's Name:

Date of Birth :

Social Security Number:

Drive's License No:

Partner's Information (If applicable)

Owner's Name:

Date of Birth :

Social Security Number:

Drive's License No:

**I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND
CORRECT TO THE BEST OF MY KNOWLEDGE.**

Date:

Applicant's Signature:

Approve Deny REMARKS

Date: Finance Department

Approve Deny REMARKS

Date: Fire Department

Approve Deny REMARKS

Date: Chief of Police

Approve Deny REMARKS

Date: Community Development Director

Approve Deny REMARKS

Date: City Clerk

Approve Deny REMARKS

Date: City Manager

Category:

Fees\$ (Per Year)

Date Issued: